



VENDOR ADVISORY COMMITTEE MEETING

MSDH WIC Program
October 17, 2019



PREVIOUS SESSION(S)

Background to the WIC Program

Vendor Selection Criteria

Vendor Application Process

Minimum stock requirements

Approved Product List

Key schedule dates

Overview

- Application Guidance
- Review of Required Documents





Vendor Application

Every retail grocer, pharmacy, and commissary interested in becoming a WIC authorized Vendor must complete the vendor application.

Before Completing the Application

- Review the Vendor Selection Criteria
- Review the Review the Vendor Authorization Process
- Review the sample application
- Gather supporting documents
- Locate the online application link in the WIC Vendor Information section on the MSDH website.
- Complete and submit the entire online application.

Sample Application

Mississippi State Department of Health WIC Program Vendor Application

Submission of this application does not constitute authorization to participate in the Mississippi State Department of Health WIC Program (MSDH WIC Program). This application is NOT an Agreement. Participation in the MSDH WIC Program will not be authorized until all completed application materials have been received, evaluated, and approved.

PLEASE ANSWER ALL QUESTIONS, ATTACH DOCUMENTATION, AND SIGN.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Select (x) One:

- ☐ New Application
☐ Add Additional Location
☐ Re- Authorization; Enter Vendor Number: _____

BUSINESS INFORMATION

If this is a business with multiple stores, please enter information for the parent business here, and the information for each additional store seeking authorization on the 'Additional Store Attachment'.

Business Name (DBA): _____

Federal ID Number: _____

Physical Business Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email Address: _____

Mailing Address (if different from physical address): _____

City: _____ County: _____ State: _____ Zip Code: _____

The legal structure of this business is:

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Corporation | |

If applicable, name of partner(s): _____

If applicable, date and place (city and state) of incorporation/organization: _____

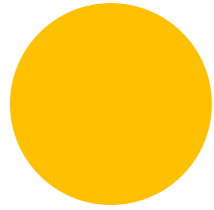
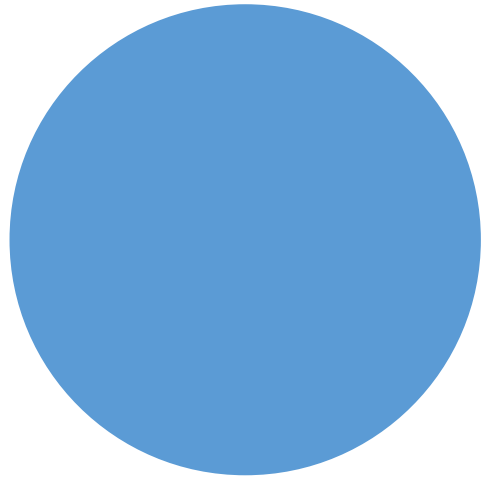
"This institution is an equal opportunity provider"

Online Application Process

- Complete the entire application
- Online application is the only accepted submission

Online
Application
Process

Vendor Application



Required Documents

Based on the type of business, required documents must be submitted with the application

Required Documents

- Complete application = Online app + Required documents
- Required documents must be submitted or the application will be considered incomplete
- Vendor applicants will have up to 2 opportunities to submit a complete application

Required Documents

Retail Grocers

1. Business license
2. Form W-9
3. Food permit
4. Copy of lease, deed, or other proof of ownership
5. SNAP permit
6. Additional Store Attachment (if more than one physical location)
7. WIC price survey (for each location)
8. Store brand declaration form

Pharmacies

1. Business license
2. Form W-9
3. Copy of lease, deed, or other proof of ownership
4. SNAP permit
5. Additional Store Attachment (if more than one physical location)
6. WIC price survey (for each location)

Commissaries

1. Form W-9
2. Copy of lease, deed, or other proof of ownership
3. SNAP permit
4. Store brand declaration form
5. WIC price survey (for each location)



MSDH Documents

- Additional store attachment
- Store brand declaration
- WIC price survey
- *No hand written documents will be accepted*

Additional Store Attachment

- For vendors with multiple stores, please complete an application for one store and use the additional store attachment for additional stores.
- You may upload your own version of the spreadsheet but ALL information must be included.

BUSINESS INFORMATION						
Business Name (DBA)						
Federal ID Number						
Physical Business Address						
City						
County						
State						
Zip Code						
Telephone Number						
Fax Number						
Email Address						
Mailing Address (if different from physical address)						
City						
County						
State						
Zip Code						
Legal structure of this business (Select only one option)	Corporation	Corporation	Corporation	Corporation	Corporation	Corporation
(If applicable, name of partner(s))						
(If applicable, date and place of incorporation/organization)						
PRIMARY CONTACT INFORMATION						
Name						
Social Security Number						
Date of Birth						
Address						
City						
State						
Zip Code						
Phone Number						
Fax Number						
Other						
Cell						
Email Address						
Mailing Address (if different)						
City						
State						
Zip Code						
STORE INFORMATION						
Actual Annual Food Sales						
Actual Annual Food Sales from SNAP						
Estimated Annual Food Sales from WIC						
Actual Annual Food Sales from Other Sources						
Square Footage (Food Area Only)						
Number of Cash Registers (Do not include self checkout or departmental checkouts)						
SNAP Authorized? If yes, complete section for SNAP number and SNAP Authorization Date.						
(Select only one option)	Yes	Yes	Yes	Yes	Yes	Yes
SNAP Number						
SNAP Authorization Date						
Does this store feature a full, well stocked line of grocery items with three (3) or more brands from which to choose among food lines?						
(Select only one option)	Yes	Yes	Yes	Yes	Yes	Yes
Under the Mississippi State Department of Health WIC Vendor Agreement, you will be required to stock a minimum of five (5) types of fresh fruits and vegetables for participants. Does this location have the space and/ or ability to comply?						
(Select only one option)	Yes	Yes	Yes	Yes	Yes	Yes

Store Brand Declaration Form

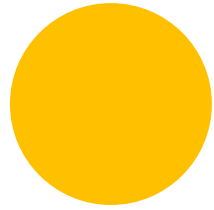
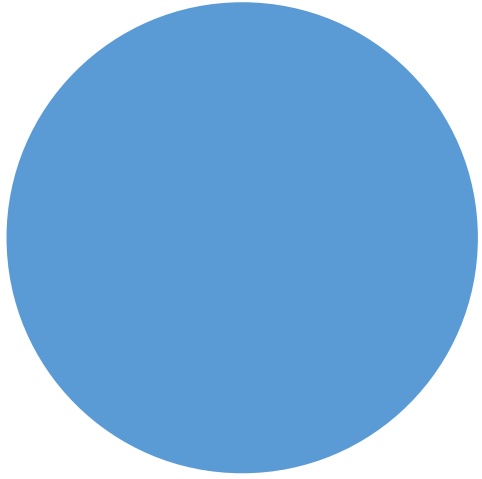
- Each retail grocer must submit a store brand declaration form declaring the brand they will use for milk, eggs, and cheese.

[illegible]

Vendor Price Survey

- Each vendor applicant must submit a vendor price survey containing their most recent shelf prices.

Mississippi WIC Program			
Vendor Price Survey			
Store Name:		Date:	
Address:			
City:		State:	
Instructions:			
Please provide a UPC code and price for each item based on the description provided. When prompted please provide the brand name and/ or size of the item. Do not include sale prices. Do not include organic prices.			
DESCRIPTION	PACKAGE SIZE	UPC Code	PRICES
MILK			
No flavored, acidophilus treated, condensed, organic, goat, nut, rice, or butter.			
Store Brand, Fat free, Milk	Gallon		
Store Brand, 1%, Milk	Gallon		
Store Brand, Whole, Milk	Gallon		
Store Brand, Chocolate, Fat free, Milk	Gallon		
Store Brand, Chocolate, 1%, Milk	Gallon		
Store Brand, Lactose Free/ Reduced, 1%	Gallon		
Store Brand, Lactose Free/ Reduced, Whole	Gallon		
Store Brand, Fat free, Milk	Half-Gallon		
Store Brand, 1%, Milk	Half-Gallon		
Store Brand, Chocolate, Fat free, Milk	Half-Gallon		
Store Brand, Chocolate, 1%, Milk	Half-Gallon		
Store Brand, Whole, Milk	Half-Gallon		
Store Brand, Lactose Free/ Reduced, 1%	Half-Gallon		
Store Brand, Lactose Free/ Reduced, Whole	Half-Gallon		
Store Brand, Dry Milk (powdered)	9.6oz		
Carnation, Evaporated Milk	12oz		
Pet, Evaporated Milk	12oz		
Fluid Shelf Stable (UHT) Milk	Quart		
8th Continent, Soymilk, Vanilla	Half-Gallon		
8th Continent Soymilk, Original	Half-Gallon		
Silk, Soymilk, Original	Half-Gallon		
EGGS			
No brown eggs, specialty eggs, or Eggland's Best			
Store Brand, Fresh, Grade A, large	1 Dozen		
CHEESE			
May be lowfat, low cholesterol, low sodium, sliced, hoop, string, shredded, cubed, or block.			
Store Brand, Processed American, Block	16 oz pkg		
Store Brand, Cheddar, Block	16 oz pkg		
Store Brand, Colby, Block	16 oz pkg		
Store Brand, Monterey Jack, Block	16 oz pkg		
Store Brand, Colby Jack, Block	16 oz pkg		
Store Brand, Mozzarella, Block	16 oz pkg		
Store Brand, Swiss, Block	16 oz pkg		
Store Brand, Processed American, String	16 oz pkg		
Store Brand, Cheddar, String	16 oz pkg		
Store Brand, Colby, String	16 oz pkg		
Store Brand, Monterey Jack, String	16 oz pkg		
Store Brand, Colby Jack, String	16 oz pkg		
Store Brand, Mozzarella, String	16 oz pkg		
Store Brand, Swiss, String	16 oz pkg		
Store Brand, Processed American, Sliced	16 oz pkg		
Store Brand, Cheddar, Sliced	16 oz pkg		
Store Brand, Colby, Sliced	16 oz pkg		
Store Brand, Monterey Jack, Sliced	16 oz pkg		
Store Brand, Colby Jack, Sliced	16 oz pkg		
Store Brand, Mozzarella, Sliced	16 oz pkg		



Key Dates

Dates provided are
tentative based on
known information

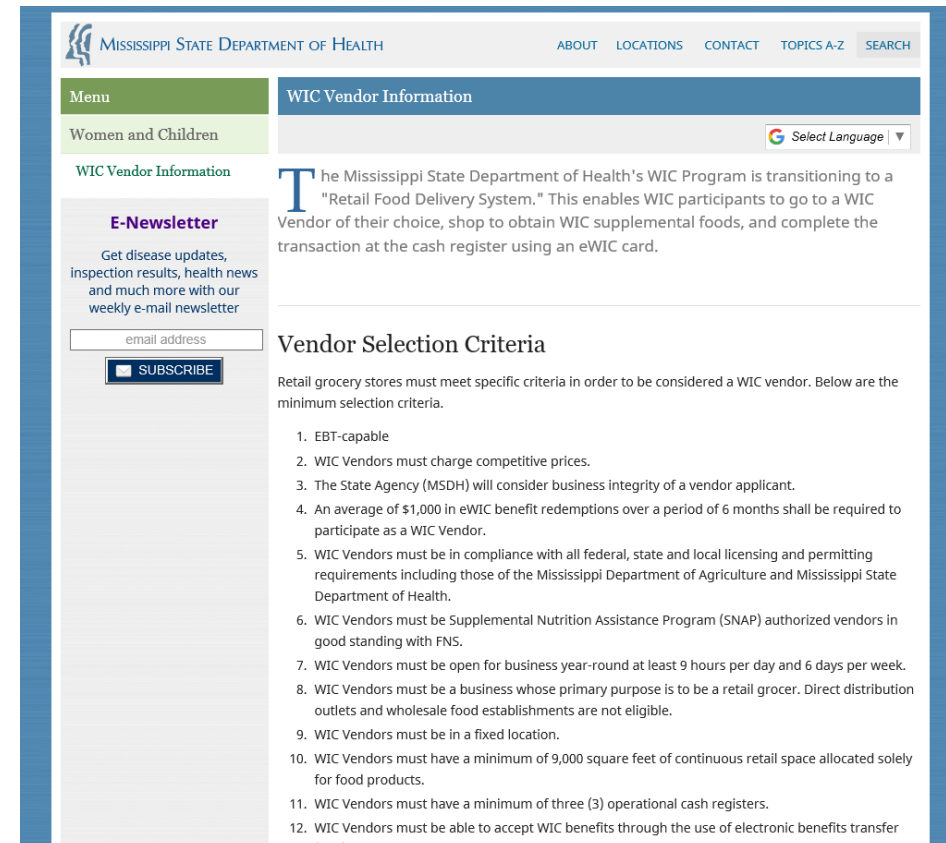
Key Activity	Tentative Start Date
Vendor Technology Survey	July 2019
Vendor Advisory Meetings	August 29, 2019 September 26, 2019 October 17, 2019 November 21, 2019
Vendor Documents Approved by FNS	September, 2019
Application Open	October 17, 2019
Vendor Monitoring	November, 2019
Vendor Trainings	January, 2020
L2 Certification (if any)	June, 2020
L3 Certifications	August, 2020
Vendor Agreements Begin	October 1, 2020

Any Questions?



Where to get more information?

- Visit our website at <https://msdh.ms.gov/>
- Email us at vmu@msdh.ms.gov



The screenshot displays the Mississippi State Department of Health (MSDH) website. The header includes the MSDH logo and navigation links: ABOUT, LOCATIONS, CONTACT, TOPICS A-Z, and a SEARCH button. A language selection dropdown is set to "Select Language". The left sidebar contains a "Menu" with "Women and Children" selected, and a section for "WIC Vendor Information" with an "E-Newsletter" sign-up form. The main content area is titled "WIC Vendor Information" and features a paragraph about the transition to a "Retail Food Delivery System." Below this is a section titled "Vendor Selection Criteria" which lists 12 requirements for vendors.

WIC Vendor Information

The Mississippi State Department of Health's WIC Program is transitioning to a "Retail Food Delivery System." This enables WIC participants to go to a WIC Vendor of their choice, shop to obtain WIC supplemental foods, and complete the transaction at the cash register using an eWIC card.

Vendor Selection Criteria

Retail grocery stores must meet specific criteria in order to be considered a WIC vendor. Below are the minimum selection criteria.

1. EBT-capable
2. WIC Vendors must charge competitive prices.
3. The State Agency (MSDH) will consider business integrity of a vendor applicant.
4. An average of \$1,000 in eWIC benefit redemptions over a period of 6 months shall be required to participate as a WIC Vendor.
5. WIC Vendors must be in compliance with all federal, state and local licensing and permitting requirements including those of the Mississippi Department of Agriculture and Mississippi State Department of Health.
6. WIC Vendors must be Supplemental Nutrition Assistance Program (SNAP) authorized vendors in good standing with FNS.
7. WIC Vendors must be open for business year-round at least 9 hours per day and 6 days per week.
8. WIC Vendors must be a business whose primary purpose is to be a retail grocer. Direct distribution outlets and wholesale food establishments are not eligible.
9. WIC Vendors must be in a fixed location.
10. WIC Vendors must have a minimum of 9,000 square feet of continuous retail space allocated solely for food products.
11. WIC Vendors must have a minimum of three (3) operational cash registers.
12. WIC Vendors must be able to accept WIC benefits through the use of electronic benefits transfer

Next session

November 21, 2019 12pm CT

TOPICS

- Vendor Technical Assistance



THANK YOU

MSDH WIC Program